

RTC WAIVER FREQUENTLY ASKED QUESTIONS

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GENERAL INFORMATION

Q: What is the Maryland RTC Waiver Program?

A: The RTC Waiver Program is a Medicaid program that allows a child who meets the criteria to be served in the community instead of in a residential treatment center (RTC). The RTC Waiver is a program that uses a family-driven, team-based process called Wraparound for planning and implementing mental health and medical services and supports to children with serious mental health needs.

Q: What is the CFT and Team-based approach mean?

A: CFT means the “Child and Family Team.” The team, selected by the child and family, includes the youth, family members, care coordinators, service providers and other community partners, who together develop a plan of care that is geared to address the unique and holistic needs of the youth and family to support the child safely and effectively in the community rather than in an RTC.

Q: What is a POC?

A: POC stands for “Plan of Care” and is developed by the Child and Family Team based upon the individualized strengths and needs of the family and includes services that are identified as being necessary to serve the youth safely and effectively in the community. For youth in the RTC Waiver Program, the services and supports in the POC are the community equivalent to the RTC level of care.

Q: What are the benefits to participating in the RTC Waiver?

A: Using a team-based approach, youth remain in the community and can receive medical services through HealthChoice and mental health services through Maryland’s Public Mental Health System. Additionally, youth and their families can receive waiver-specific support and services such as: Caregiver and Youth Peer-to-Peer Support; Family and Youth Training; Crisis and Stabilization Services; Expressive and Experiential Behavioral Services; and In and Out-of-Home Respite Care.

Q: What is the difference between the RTC Waiver, the 1915(c) RTC Waiver, and the PRTF Waiver?

A: There is no difference. They are all slightly different names that refer to the same program.

Q: What are the basic criteria to qualify for the RTC Waiver Program?

A: There are 3 different criteria that youth have to meet. Technical, Medical and Financial Eligibility must all be met to qualify for the Waiver.

Q: What are the Technical Criteria to qualify for the Waiver?

A: Technical Eligibility includes the following and is reviewed by the Care Management Entity (CME):

- A slot is available;
- Consent is given by medical guardian or self if youth is at least 18 years old;
- Age 6-21 (must be under 21 at time of enrollment);
- Live in one of the Counties that is open for the RTC Waiver; and
- Plan of Care for youth is projected to be cost neutral (community services should cost equal to or less than being in an RTC).

Q: What are the Financial Criteria to qualify for the Waiver?

A: Financial Eligibility includes the following and is evaluated by the Division of Eligibility Waiver Services (DEWS), which is part of the Department of Health and Mental Hygiene (DHMH):

- Eligible for Medicaid or Maryland Children's Health Program (MCHP) in the community; or
- Meet family of one financial eligibility, based only on child's income and assets.

Q: What are the Medical Criteria to qualify for the Waiver?

A: Medical Eligibility includes the following and is evaluated by ValueOptions:

- Age 6-21;
- Certificate of Need recommends RTC level of care placement (see question below re: Certification of Need); and
- Can be safely served in the community under a plan of care.

Q: What is "RTC Level of Care"?

A: RTC level of Care is a level of mental health treatment services for children and adolescents determined by the severity of need and intensity of required services. The level of care is determined by Mental Hygiene Administration's (MHA) established medical necessity criteria. RTC Level of Care is distinguished between *RTC placement* (in an RTC) or *Community-Based RTC* (in the Waiver). In order to qualify for the *Community-Based RTC* level of care, a child has to meet all the *RTC Placement* criteria, and be able to be safely served in the community with intensive services.

Q: What is a Certificate of Need (CON)?

A: A Certificate of Need is a process involving specific documentation reviewed by ValueOptions (VO) and a Core Service Agency (CSA) representative, to ensure a youth meets the medical necessity criteria for the RTC Level of Care. The documents required include a psychosocial, psychiatric, physical, and CSA recommendation, which must all be dated within the last 30 days, at the time VO begins the review.

Q: Why is the Waiver not available across all of Maryland?

A: Maryland Medicaid requires that certain Waiver providers are available in each County before enrolling youth from that County in the Waiver. Counties are opened to the Waiver once the requisite Waiver providers have enrolled as service providers in that County. A Waiver Crisis & Stabilization provider, Peer-to-Peer Support provider and a Respite provider are required to open a County to Waiver referrals.

Q: Are Waiver Services available in every County?

A: At this time, the following Counties do not have the necessary Waiver Services available to open that County to serve youth in the Waiver: Allegany and Garrett.

Q: Who is in charge of the RTC Waiver?

A: Maryland Medicaid, an Administration within the Department of Health and Mental Hygiene (DHMH), has the administrative authority for the Waiver, which means that they are responsible to the federal government. The Mental Hygiene Administration, also within DHMH, is responsible for the daily operation of the Waiver, and has contracted with the Maryland Child & Adolescent Innovations Institute & Mental Health Institute at the University of Maryland, Baltimore, School of Medicine to provide project management and evaluation. Support for the Waiver comes from the Maryland Children's Cabinet, Governor's Office for Children (GOC), DHMH and the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services.

Q: What are the Care Management Entities (CMEs)?

A: A CME:

- Is a structure that serves as a **single point of accountability** for youth with complex needs and their families;
- Supports the organization, management, delivery, and financing of services and supports **across multiple systems and providers**;
- **Assumes responsibility** for the development and management of services to meet Plan of Care objectives for all life domains, with **accountability for achieving outcomes**; and
- Is not a traditional service provider. A CME supports a **Child and Family Team** to develop **individualized** Plans of Care to meet the specific needs of the youth and families they serve.

Q: Which Care Management Entity do I call?

A: The State is divided into 3 regions. The Baltimore City and South Eastern Regions are served by *Wraparound Maryland, Inc.* The North Western Region is served by *Maryland Choices, Inc.* Contact information for the CMEs can be found on the RTC Waiver Website (www.medschool.umaryland.edu/innovations/RTC_Waiver.asp).

Q: Which Counties are included in each of the 3 Regions?

A: - Baltimore City is its own Region.
- The North Western Region includes: Allegany, Baltimore County, Frederick, Carroll, Garrett, Harford, Howard, Montgomery, and Washington counties.

- The South Eastern Region includes: Anne Arundel, Calvert, Caroline, Cecil, Charles, Dorchester, Kent, Prince George's, Queen Anne's, Somerset, St. Mary's, Talbot, Wicomico, and Worcester Counties.

Q: What are care coordinators and what do they do?

A: Care Coordinators assist the youth and family with accessing strength-based mental health, social services, educational services, and other supports and resources required to assist the youth and family in attaining their goals. Care Coordinators help families identify natural supports, and work with families to maintain youth in the least restrictive setting possible. With the family, care coordinators monitor the quality and goals of services set by the youth and family.

Q: When do I call the CME?

A: RTC Waiver applications are completed and submitted through the regional CME. The CME is available to help fill out application packets and assist in the application approval process. The CME will also help determine if a slot is available.

Q: When do I call Innovations Institute at University of Maryland?

A: You should call Innovations Institute when you have questions about the Waiting List status or process. All other calls can be directed to your local CME.

Q: What is ValueOptions (VO)?

A: VO is the Administrative Service Organization contracted by MHA to oversee Maryland's Public Mental Health System as well as the RTC Waiver, in terms of provider authorizations for services and claims billing.

Q: How long can my child be in the Waiver?

A: A youth can be in the Waiver for up to two years (lifetime maximum) as long as he continues to meet the defined eligibility criteria.

Q: What if I am interested in the Waiver and there are no slots?

A: If there are no available slots, the youth's name will be added to a Waiting List. The list is first-come, first served. When placed on the Waiting List, information about other services that may be available, including community-based resources and RTCs, will be provided.

Q: Do I need to be in a Voluntary Placement Agreement (VPA) if I have custody of my child?

A: No, in order to apply for the RTC Waiver, you can have custody of your youth. However, if your child would need to enter an RTC facility you would be responsible for their educational costs.

Q: Can DJS or DSS have custody of a youth to apply to the RTC Waiver?

A: Yes. There are no custodial requirements for the Waiver, as long as the individual(s)/entities that have custody consent to participate.

Q: Will being enrolled in the Waiver change my child's Medical Assistance eligibility?

A: No, if your child already receives Medical Assistance, known as Medicaid, it will not impact his Medicaid status. In addition to any currently-funded Medicaid services, he will also receive Waiver services.

Q: What if my child has private health insurance?

A: If your child has private insurance, your child can still apply to be in the Waiver. If accepted in the Waiver, the Medicaid insurance would be secondary to your child's primary private health insurance.

APPLICATION & ENROLLMENT INFORMATION

Q: If my child is enrolled in the Waiver, is he/she allowed to go into a hospital or RTC?

A: Youth should always get the treatment they need when they need it. If a youth is enrolled in the RTC Waiver and needs to be admitted to a hospital or RTC, he or she may remain enrolled in the Waiver for up to 30 days while in the hospital or RTC. If the stay lasts longer than 30 days, the youth will be disenrolled from the RTC Waiver and may reapply when he or she is preparing to discharge. The CME will assist the family to determine if the youth's "slot" is still available for him or her and to complete the application process *prior* to discharge.

Q: If my child has Medical Assistance, will he/she get a new card when enrolled in the Waiver?

A: No. The same card will continue to be used with the same number.

Q: How is my child's Waiver eligibility date determined?

A: The enrollment date is the latest of the following dates:

- Date that the Freedom of Choice Consent Form was signed;
- Date that the Provisional Plan of Care was signed;
- Date that the Certificate of Need for Community-Based RTC Level of Care (RTC Waiver) was approved by ValueOptions;
- Date that the Medicaid application was received at Innovations Institute; or
- Date that the youth was discharged into the community from a hospital or RTC (only applicable if the youth is hospitalized or in an RTC during the application process).

Q: What are the differences between the dates on the enrollment letter?

A: The date on the top right of the enrollment letter is considered the "date of notification," which is the date from which the maximum 2-year enrollment time is counted. The Medical Assistance enrollment date is the date when Medical Assistance (Medicaid) was activated. If the child already had Medicaid, this date will be the day that it started. If Medicaid coverage is new for the child, it will be the first day of the month when the coverage started. The third date is the official date of Waiver enrollment, which is based on the latest of the five dates listed in the question above. The most important date to pay attention to is the date of the letter, which is the "Date of Notification of Enrollment."

Q: What is the age of enrollment in the Waiver?

A: The participant must be at least six years old and younger than 21 at the time of enrollment.

Q: Where does my child have to live to enroll in the Waiver?

A: The applicant must live in Baltimore City or a Maryland county where the RTC Waiver is considered “open.” This list is available by contacting Innovations Institute or going online to the RTC Waiver website. As of 1/14/11, Baltimore City and all counties in Maryland are open for enrollment *except* Allegany and Garrett.

Q: What does my child get if enrolled in the Waiver?

A: Your child will have a care coordinator from the CME, and all of the many supports that come along with a CME, including a care coordinator supervisor, clinical director, and provider network director. In accordance with the Wraparound service delivery model, the CME will convene Child and Family Team (CFT) meetings where all of the people involved in the care of your child will meet to develop and implement a comprehensive plan of care. This CFT should include the people that are important in your life and your child’s life, not just the paid professionals. The CFT will meet at least monthly, and the care coordinator will meet with you or your child at least once weekly.

Waiver participants will also be enrolled in a Managed Care Organization (MCO) for physical health care and dental care, if he or she is not already enrolled. If you have private insurance, this can be a secondary insurance. The child will have access to the entire Public Mental Health System for mental health services paid through Medicaid (again, as secondary insurance if you have private insurance). Your child will have access to services that are only available with Medicaid reimbursement to RTC Waiver participants: Caregiver Peer-to-Peer Support, Crisis and Stabilization Services, Expressive and Experiential Behavioral Services (art, dance, drama, equine, horticulture, and music therapies), Family and Youth training, Respite Care (in the home/community and overnight) and Youth Peer-to-Peer Support. Finally, the CFT will have access to a limited amount of funding that can be used to purchase items or services needed as identified in the plan of care.

Q: If my child is in the Waiver, can their sibling(s) also enroll? Do they get priority?

A: Siblings can only enroll if they meet all of the enrollment criteria and a slot is available. They are not prioritized.

Q: What happens if my child moves?

A: It depends on the availability of RTC Waiver services and your child’s ability to continue to access Waiver services and supports, including the CMEs. This will be addressed on a case-by-case basis.

Q: Why do I have to fill out a Medical Assistance application for my child?

A: The RTC Waiver is a Medical Assistance (Medicaid) program and, even if the youth already has Medicaid, the application needs to be completed in order for Maryland Medicaid to enroll your child in RTC Waiver services and supports.

Q: Why do I need to submit my child's birth certificate, Social Security number, etc?

A: These documents are required by federal law for the Medicaid application.

Q: How is my family's information protected?

A: Federal and State Medicaid offices, State Agencies, the CMEs, ValueOptions, and Innovations Institute are all required to comply with federal privacy laws and regulations, including the Health Information Protection and Portability Act (HIPPA).

Q: What is the role of the CME during the period of time that a youth has been offered a slot in the Waiver, but not yet determined eligible and enrolled? Can their role be more active than our experience has been during this "waiting period"?

A: The CME is not able to provide services and supports during the time between when the application is completed and submitted for enrollment and the time when the letter notifying you of enrollment in the Waiver has been received. The CME will help you to create a provisional plan of care, including a crisis plan, during the application period and can provide referrals to services that you may be able to access in the community. The state is working to shorten the length of time from when an application is completed and received at Medicaid and when the letter of notification is received.

WAITING LIST

Q: What does it mean to be on the Waiting List?

A: At this time, for new Waiver referrals, youth are placed on the waiting list because there are no available slots for enrollment. It means that your child is placed on a list to wait for an opening in the RTC Waiver program. You cannot begin the application process until you are at the top of the waiting list and offered a slot to apply for the program. Being on the waiting list does not guarantee that your child will be enrolled in the program.

Q: How do I get my child on the Waiting List?

A: You need to fill out a "Waiting List Registration" form available to print at http://medschool.umaryland.edu/innovations/RTC_Participants.asp. Once filled out and signed, it needs to be faxed to Innovations Institute at 410-706-0998, attention Jennifer Lowther. It can also be e-mailed to jlowther@psych.umaryland.edu if it is securely password protected to keep your child's information private.

Q: Who needs to sign the Waiting List form?

A: The caregiver who can make medical decisions about the youth should sign. This person could be a custodial parent, another custodial relative, a caseworker at the Department of Social Services (DSS) or Department of Juvenile Services (DJS), etc.

Q: How long is the Waiting List?

A: It will vary over time. The waiting list began in July 2010. As of 1/26/11, there are approximately 82 youth on the waiting list. Since July, 2010, 50 youth have come off to the Waiting List and have been offered a slot in the Waiver.

Q: What happens after I place my child's name on the Waiting List?

A: A letter is generated to the parent/guardian to confirm receipt of the Waiting List application and the child's current place on the waiting list is provided. The letter includes the phone numbers and e-mail addresses for the Core Service Agencies (CSAs), Local Management Boards (LMBs), and Family Support Organizations, with the information for the family's jurisdiction highlighted, to assist you in identifying possible resources to support your family and child while on the waiting list.

Q: What services does my child get while on the Waiting List?

A: While your child is on the Waiting List, he cannot use any Waiver Services. These are not available until your child is enrolled in the Waiver. Being on the Waiting List does not prohibit you from exploring other existing service options for your child, including RTC placement. Families may want to speak with the Local Access Mechanism (LAM), Local Coordinating Council (LCC), CSA, or LMB about resources that may be available, as well as explore options for admission to an RTC.

Q: Can my child be in an RTC and on the RTC Waiver Waiting List?

A: Yes, your child can be admitted to an RTC and be on the RTC Waiting list.

Q: What happens when there is an opening in the Waiver?

A: When there is an opening in the Waiver, the youth's caregiver/guardian will receive a letter from Innovations Institute at University of Maryland at Baltimore (UMB). The letter will indicate that a slot is available for your child. You are required to accept or decline the slot and send that indication back to UMB. The letter must be sent back within 2 weeks from the date UMB mailed it to the family/caregiver. The respective CME is also informed that a slot has been offered and that the family/caregiver has been contacted.

Q: What if I forget to send the acceptance slot letter back to UMB on time?

A: UMB will be in contact with you to ensure that you received the original letter and to encourage you to send it back completed. After 3 attempts are made to the family, UMB will offer the available slot to the next eligible youth.

Q: Am I required to choose the Waiver if a slot is offered to my child?

A: No, you are not required to accept a Waiver slot if offered to your child. If you no longer feel the Waiver is needed or appropriate for your youth, you may decline the slot. Please mail/fax back your preference to pass up on the slot.

Q: How do I find out where my child is on the waiting list?

A: You may call Jennifer Lowther at Innovations Institute at 410-706-6316 to ask where your child is on the Waiting List.


Q: How do I password protect the Waiting List Registration or Slot Acceptance form to submit to Innovation Institute?

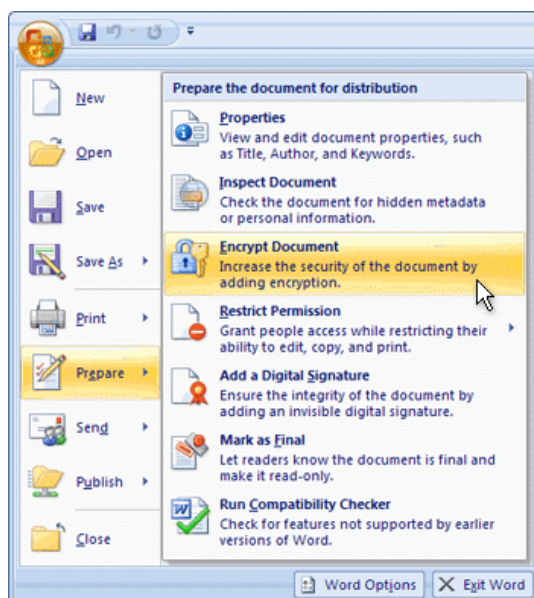
A:

In Microsoft Word 2003:

1. Open the file.
2. On the **Tools** menu, click **Options**, and then click **Security**.
3. In the **Password to open** box, type a password, and then click **OK**.
4. In the **Reenter password to open** box, type the password again, and then click **OK**.
5. Make a note of the password for your records.
6. Attach the file to an e-mail but do not include the password in that e-mail. Send the password separately in a second e-mail.

In Microsoft Word 2007:

1. Click the **Microsoft Office Button**  , point to **Prepare**, and then click **Encrypt Document**.



2. In the **Encrypt Document** dialog box, in the **Password** box, type a password, and then click **OK**.
3. In the **Confirm Password** dialog box, in the **Reenter password** box, type the password again, and then click **OK**.
4. To save the password, save the file.
5. Make a note of the password for your records.
6. Attach the file to an e-mail but do not include the password in that e-mail. Send the password separately in a second e-mail.

Q: Is the Waiting List statewide or broken down by regions?

A: The Waiting List is statewide and youth come off the list in the order in which they were placed. CME contract capacity is balanced against Waiver regulations.

OTHER RTC WAIVER & CARE MANAGEMENT ENTITY QUESTIONS

Q: Please clarify the various funding streams served by the Care Management Entities.

A: There are funding streams that support specific populations of youth that are served by the CME. Each funding stream has its own eligibility requirements and referral processes. There are a limited number of slots for each funding stream.

Funding Stream	Referral Source (to the CME)	Summary of Eligibility Requirements	Available Jurisdictions & Slots
RTC Waiver (aka 1915c Waiver)	Anyone	<ul style="list-style-type: none">• Are 6-20 years old at enrollment;• Meet Certificate of Need for Community-Based RTC Level of Care;• Can safely and appropriately be served in the community with Waiver services and supports;• Choose (along with family/guardian) to enter the Waiver instead of an RTC; and• Meet Medicaid waiver financial eligibility requirements (Medicaid eligible or eligible under Family of One).	<p>As of 1/14/11, Baltimore City and Anne Arundel, Baltimore, Calvert, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Harford, Howard, Kent, Montgomery, Prince George's, Queen Anne's, Somerset, St. Mary's, Talbot, Washington, Wicomico, and Worcester counties.</p> <p>(Approximately 200 slots statewide)</p>

Funding Stream	Referral Source (to the CME)	Summary of Eligibility Requirements	Available Jurisdictions & Slots
MD CARES	DSS	<p>Youth, ages 10-21, with serious emotional disturbance who:</p> <ul style="list-style-type: none"> • Do not have certificate of need (CON) for RTC level of care; • Are in, or at risk of entering, the foster care system; • Are at-risk of out-of-home placement or disruption of placement; and • Are at risk of entering group care, or have a plan to be transitioned out of group care (including RTC due to no longer meeting CON) to a home placement within 30 days. 	Baltimore City (approximately 40 slots)
Rural CARES	DSS	<p>Age: Between ages of 10 and 21 Medical: Must have serious emotional disturbance diagnoses. Level of Intensity:</p> <ul style="list-style-type: none"> • <u>Children and youth in foster care</u> who are currently in congregate care - group homes or RTCs - and are awaiting discharge. These children can no longer meet the criteria for a Certificate of Need for RTC level of care. A family home (either biological, foster or treatment foster) must be identified. • <u>Children and youth in foster care</u> who are currently at risk of placement in congregate care (cannot meet criteria for Certificate of Need for RTC level of care). • <u>Children and youth in families currently involved in other in-home DSS services or referred by community providers (families may self-refer)</u> who are at risk of entering foster care at the congregate care level of intensity. 	Cecil, Caroline, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester Counties (approx 40 slots)

Funding Stream	Referral Source (to the CME)	Summary of Eligibility Requirements	Available Jurisdictions & Slots
DJS Out-of-Home Placement Diversion	DJS Regional Offices	<ul style="list-style-type: none"> Identified by the Court to be at-risk for an out-of-home community residential placement (group home); In pending placement status in a detention facility or in the community; In a detention facility and likely to be identified to be in-need of an out-of-home placement; or In an out-of-home placement (in-state or out-of-state). 	25 slots in each CME region.
DHR Group Home Diversion	DSS	Must meet specific referral criteria established by DHR/DSS.	25 slots in each CME region.
Community Services Initiative (CSI)		Priority populations outlined in COMAR 14.31.01.10	Not open to new referrals.
Rehab Option		<ul style="list-style-type: none"> Meets the eligibility criteria in COMAR 14.31.08.03, and Meets one of the priorities for funding as noted in COMAR 14.31.08.05 	Not open to new referrals

Q: Who is the specific person to contact to refer a youth to the CME?

A: For the RTC Waiver, a referral can be made directly to the CME. Youth will be recommended to the CME for the DHR Group Home Diversion Slots or the DJS Out-of-Home Placement Diversion Slots by the caseworker and/or supervisor through the DSS/DJS staffing and placement processes. Referrals for MD CARES and Rural CARES will also be made through the local DSS.

Q: What is the role of the LAM in each jurisdiction with regard to the CMEs?

A: The Local Access Mechanism (LAM) is structured differently in each jurisdiction, but is a resource to families, providers, and to the CME. The LAM may help connect families to the CME, and may help connect the CME to existing resources. Information about the LAM in your jurisdiction is available online at: <http://ocyf.state.md.us/PDF/MarylandLAMDirectory.pdf>.

Q: Why doesn't the LCC review CME cases if they meet criteria for RTC level of care?

A: All youth working with the CMEs are not at the RTC level of care; that only applies to the RTC Waiver. There is no requirement for the LCC to review any youth prior to enrollment in an RTC if it is a Medicaid placement. There is only a requirement to inform the LCC of the placement.

The RTC Waiver serves youth at the RTC level of care with Medicaid funding and, since the RTC Waiver is a diversionary program from an RTC, it is duplicative for the LCC to convene to review a youth that is already being diverted from the RTC. The CME will convene a Child and Family Team that includes the youth, family, and any professional and natural supports working with the youth and family and is aware of the LCC as a resource in the community.

Q: Who is tracking how many Waiver youth are going into traditional RTCs?

A: MHA along with partners at Innovations Institute and the CMEs are tracking each child enrolled in the RTC Waiver and are aware when a child enrolls in an RTC, diagnostic center, or hospital and whether they re-enter the RTC Waiver. MHA, GOC, and Innovations Institute also receive the incident reports when a child is hospitalized.

Q: What is being done about resource development?

A: The CMEs each have a Provider Resource Director and Community Resource Specialists who works with the care coordinators and CFTs to identify providers to address particular needs. They also recruit providers to enroll as RTC Waiver providers. The CMEs appreciate the input and support from the CSAs, LMBs, DSS, and other local entities to identify providers and unmet needs in the community. The CMEs do not have funds to support resource development (except in the case of using discretionary funds to support specific needs in an individual POC) but can partner with community agencies and organizations.

Q: What is the CME doing to further educate the providers in the community about the RTC Waiver? Specifically, many clinicians in some Counties still are unsure of what the waiver can provide, what is involved in the referral process, and what needs to be written in the recommendation letter.

A: Considerable and continuous outreach is being done, through meetings with the RTCs, DSS, and individual providers. The Clinical Directors provide information to mental health providers who have questions about Community-Based RTC Level of Care, and ValueOptions is also available to provide information.

Q: How is the CME continuing to educate themselves on the continuum of resources/services that are available within the community?

A: They are setting up meetings with the LMBs and local child- and family-serving agencies and holding or attending provider forums. The CMEs always welcome invitations to present or meet with providers and obtain insight from the providers and organizations in the community.

Q: Communication is important and unfortunately not everyone within the CME is responsive and communicating openly with each jurisdiction.

A: If there are particular concerns, they should be brought to the attention of the Executive Directors--Kim Cooke for Wraparound Maryland, Inc. and Ayesha Bajwa for Maryland Choices, Inc. If the concerns are with the executive directors, you can always contact Patricia Arriaza, contract monitor at GOC.

Q: Why are families in the assessment phase for very long time, prior to a CON being written?

A: It appears the wait to line up providers to obtain CON assessments has shortened over the last year. Providers seem more comfortable with supporting RTC-level of care recommendations in the community. The degree to which this is an issue depends in part on the availability of psychiatrists and other mental health providers in the youth's community and if there has been a change in their provider resulting in the need to develop a relationship prior to the writing of the CON assessments.

Q: Why are families waiting such a long time for waiver services to begin after the CON is approved?

A: The CON approval is only part of the Waiver application. A consent form, technical checklist, cost neutrality calculation, provisional plan of care and the MA application must also be submitted to complete a Waiver application. Once all these documents are received at the Innovations Institute, the youth's application is recommended for enrollment to Medicaid. The last of the documents received drives the enrollment date in the Waiver. Medicaid is responsible for the financial determination via the MA application - this can sometimes be a very fast process or it can take longer if additional supporting documents to the MA application are required. Additional staffing support to help process RTC Waiver applications is being discussed with Medicaid as a means to speed up this process. However, there have been instances where it is less than 6 weeks from the time of the initial referral to when the youth is notified of enrollment in the Waiver.

Q: Quarterly utilization review meetings with regional CME would be helpful to discuss ongoing issues and barriers to families accessing services.

A: The CMEs have expressed an interest in this and would likely welcome an invitation to engage in an ongoing dialogue. The CME Stakeholders Council will also be a forum for State-level discussions.

Q: Who is tracking outcomes (both individual cases and waiver program in general) and how will that information be shared with CSAs?

A: The CMEs submit data on Waiver youth to Innovations Institute at UMB and evaluation staff aggregates the data and shares them with stakeholders. There are now 125 youth enrolled and over time, more outcomes data will be collected. There is a twice-yearly report that is issued by Innovations Institute that includes the Wraparound Fidelity Instrument and Youth Satisfaction Survey data which will include additional data, particularly outcomes data, as they are made available.

Q: What are the factors and timetable that will determine if the Waiver moves beyond the demonstration phase?

A: There is federal legislation pending and the interim report to Congress will be submitted in the near future. Initial data from the overall Demonstration have been positive, and States are exploring various options for sustainability of the Waiver, including other provisions of the Social Security Act. The Demonstration is currently scheduled through Sept 30, 2012 and any child that is enrolled on that date will continue to be served until he or she is discharged.

Q: What impact will health care reform have on the Waiver, if any?

A: There is not a direct impact on the Waiver at this time, although some of the services that are currently part of the RTC Waiver may be included in the standard benefits package, based on information from SAMHSA. Health Care Reform does present some possible opportunities to increase home and community-based services over the next several years.